

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/150,974	09/15/98	062	3744	11801.61US01

APPLICANT

THOMAS D. CHANDLER, COON RAPIDS, MN; WILLIAM S. DEA, BLOOMINGTON, MN;  
BRANDON M. REID, MINNEAPOLIS, MN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None (m)

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None (m)

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

None (m)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/29/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

ADDRESS	MERCHANT GOULD SMITH EDELL WELTER & SCHMIDT 3100 NORWEST CENTER 90 SOUTH SEVENTH STREET MINNEAPOLIS MN 55402-4131
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TITLE	INJECTOR, METHODS FOR USING INJECTOR, AND KIT
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FILING FEE RECEIVED  \$1,002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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